



WIZARD OF OZ

Wednesdays, February 3 - May 18, 2016

Come join the cast of the Wizard of OZ

Join the fun as Dorothy finds her way from Kansas to Oz and back again. During her adventure Dorothy meets Scarecrow, Lion, The Tin Man, Glenda the Good Witch of the North, the Wicked Witch of the West, the Munchkins and of course The Great and Powerful OZ. There are more than 30 great roles and fabulous musical numbers including Follow the Yellow Brick Road, Ding Dong the Witch is Dead and If I Only Had a Brain. A chance for all our young stars to shine!

Students will work together to create this magical musical production! Participants build confidence and self-esteem while having fun creating a show together.

Rehearsals Starts Wednesday February 3, Excluding February and April Vacation Weeks

Grades 1 & 2 rehearse from 4:00 to 5:00 pm

Grades 3 – 6 rehearse from 5:00 to 6:15 pm

Fee: Grades 1 & 2 \$190

Grades 3-6 \$220

Run Through.....May 4 4:00 to 6:15 Entire cast

Dress RehearsalMay 11 4:00 to 6:15 Entire cast

Show..... May 18 CAST arrives at 4:00 pm Doors open at 5:15 pm Admission Free! Show starts 5:30 pm

PLEASE MAKE CHECK PAYABLE TO: JODI ADAMS

Name _____ DOB _____ Grade _____

Address _____ Email _____

Phone _____ Alt phone number _____

I, the undersigned, parent/guardian of _____, a minor, or myself as a participant, do hereby consent to my/ his/her participation in voluntary athletic programs and do forever release, acquit, discharge, and covenant to hold harmless the Town of Belmont or Jodi Adams from any and all actions, causes of action, and claims on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have for myself or as the parent of said minor, and also all claims or right of action for damages which myself or said minor has or hereafter may acquire, either before or after I/ he/she has reached his/her majority resulting from his/her participation in Belmont Recreation programs.

It is understood that in the event that I/my child should require any minor medical or surgical treatment and/or medication during this event and I am not present, I authorize such physician or emergency care staff that the Belmont Recreation Department may appoint or designate to carry out the necessary treatment, or to take my child to the emergency room of the nearest hospital and I further authorize the hospital and its medical staff to provide the treatment deemed necessary by them for the well-being of myself/my child. It is understood that if hospitalization or treatment of a more serious nature is required for my child, every effort will be made to contact me.

Signature of participant (or legal guardian if under 18 years of age) _____ Date _____